

2009 SEP 28 AM 8:39

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

MICHAEL STOLLERY

(b) Address (number and street) ☐ check if different than previously reported

12407 MOORPARK ST, #102

(c) City, State and ZIP Code

STUDIO CITY, CA 91604

(d) Name of Employer or Principal Place of Business

EMI-INSM INC.

(e) Occupation

IT CONSULTANT

2. FEC Identification Number

0

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

01/01/2009

through

MM/DD/YYYY

5. (a) Date of Public Distribution(s)

MM/DD/YYYY

(b) Communication Title

6. The filer is a(n): (a) ☒ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name

MICHAEL A. STOLLERY

(b) Address (number and street)

12407 MOORPARK ST, #102

(c) City, State and ZIP Code

STUDIO CITY, CA 91604

(d) Name of Employer or Principal Place of Business

EMI-INSM INC.

(e) Occupation

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9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

[Signature]

DATE

MICHAEL STOLLERY
9.21.09

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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